Kentucky Audiology and Tinnitus Services, PLLC

PATIENT INFORMATION

Kentucky Audiology and Tinnitus Services, PLLC is not in network with any insurance companies. Payment is required at the time of service. We will gladly file the claim with your insurance company. The insurance company will reimburse you if any of the procedures are covered expenses.

NAME:____ DATE: _________________

Parent's Name if under 18 ____

ADDRESS:____

CITY:_________________________________ STATE:_________ ZIP:___________________

PHONE:___________________________ WORK PHONE:_____________________________

CELL PHONE:_____________________ E-MAIL:___________________________________

DATE OF BIRTH:__________________ SS # ____________________________________

PLACE OF EMPLOYMENT ____

How did you hear about us:____

INSURANCE PROVIDER: ____

NAME OF PERSON WHO CARRIES INSURANCE: ________________________________

DOB OF PERSON WHO CARRIES INSURANCE: _________________________________

FAMILY PHYSICIAN: ____

Would like us to send a report of today's findings to your family physician? YES____ NO ____

If yes, please provide the address:____

Do you have legal action pending in relation to your tinnitus/sound tolerance, or are you planning legal action? NO ______ YES _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT: I have received a copy of KENTUCKY AUDIOLOGY & TINNITUS SERVICES' Notice of Privacy Practices.

Patient Signature:____ Date:________________________

I authorize Kentucky Audiology & Tinnitus Services, PLLC to release information requested with regard to processing my insurance claims. I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet, and certify that this information is correct to the best of my knowledge. I will notify Kentucky Audiology & Tinnitus Services, PLLC of any changes in my health status or in the above information.

Patient Signature: ____ Date: ________________________